

Services to be Delivered

CLINICAL DIRECT SUPPORT SERVICES (DSS) OUTREACH DIRECT SUPPORT SERVICES (DSS) GROUP DIRECT SUPPORT SERVICES (DSS)

1. Activities Contractor shall perform:

The Contractor shall provide support services as identified in the referral which is incorporated by reference.

For Clinical Direct Support Services, provide services in the confidential physical space at the Contractor's facility.

a. Unit Title: Clinical Direct Support Services

b. Unit Definition(s):

One unit equals 50 minutes of a therapist's/counselor's time in a face-to-face session with a referred client and/or family members and/or other person(s) significant to the client (if specified in the FIA referral) at the Contractor's usual place of business.

For Outreach Direct Support Services, travel to meet the client in the client's home or, with prior FIA approval, in a mutually agreed-upon site.

a. Unit Title: Outreach Direct Support Services

b. Unit Definition(s):

One unit equals 50 minutes of therapist's/counselor's time in a face-to-face session with a referred client and/or family members and/or other person(s) significant to the client (if specified in the FIA referral) in the client's home or, with prior FIA approval, in a mutually agreed-upon site.

For Group Direct Support Services: meet with each client individually prior to group involvement for at least 50 minutes within ten working days of receipt of the written FIA referral in order to prepare the client for the group treatment process and to screen out any person not amenable to a group counseling treatment program.

For group services, link group members with outside resources by educating clients about existing resources in the community; exchanging information among group members; and introducing

outside speakers, if appropriate, from agencies such as Alcoholics Anonymous, Al Anon, Vocational Rehabilitation, Legal Aid, and law enforcement.

- a. Unit Title: Group Family Support Services Counseling
- b. Unit Definition(s):
One unit equals 1-1/2 hour session of face-to-face group counseling provided by a therapist/counselor to a group of referred clients. In addition to the therapist/counselor, each group shall include not fewer than three nor more than ten individual members and shall include not fewer than three unrelated family groups. The Contractor may bill for partial units in increments of one-tenth of one unit.

For all modalities: The Contractor shall ensure that services accommodate the schedule of the client families. The therapist shall be available for emergencies by telephone during nights and weekend hours.

- a. Upon receipt of a written referral from the FIA, contact the FIA referring worker to discuss the client's circumstances and establish preliminary goals and objectives.
- b. Assign each case to a therapist/counselor with a minimum of a Master's Degree who is either certified or licensed by the State to provide individual, group, marital or family counseling or psychotherapy.
 - 1) An individual with a graduate degree in psychology or social work who has not yet practiced long enough to be certified or licensed by the State may work under the therapist assigned to the case if the therapist assigned to each case routinely participates in case planning decisions.
- c. Meet with the client individually or with the entire family, as indicated by the referral, for at least 50 minutes within ten working days of receipt of the written FIA referral, in order to assess the client and/or family's circumstances, including client strengths, developmental history, family structure, support system, physical health, employment, emotional and mental status and the client's view of the presenting concern.
- d. Within 45 days of the referral, submit to the referring FIA worker an Assessment and Treatment Plan which shall address the following:

- 1) Record of client contacts;
 - 2) Individual and family assessment;
 - 3) Identification of concerns and client strengths in regard to their resolution;
 - 4) Treatment plan with specific objectives and time frames.
- e. Provide a counseling treatment sequence for Family Independence Program recipients and families to provide instruction in specific areas of concern which adversely impact the ability to be self-sufficient. These barriers, identified in the initial referral or discovered through the counseling process, include, but are not limited to:
- 1) Appropriate expression and control of feelings, including anger management, impulse control, developing adaptive emotional expression skills;
 - 2) Logical and responsible decision-making, consequences of decisions;
 - 3) Conflict resolution, improving communication skills, developing interpersonal skills,
 - 4) Opening and strengthening of the family support system, reduction of isolation, relationship building;
 - 5) Parenting skills, including
 - a) Effective disciplinary methods providing alternatives to corporal punishment and neglect,
 - b) Reduction of family conflict and depression,
 - c) Development of age-appropriate expectations,
 - d) Display of greater parent/child affection and trust,
 - e) Appropriate expression and control of feelings,
 - f) Opening and strengthening of the family support system,
 - g) Improvement of communication skills,
 - h) Parent as a role model,
 - i) Consequences of behavior
 - j) The importance of:
 - personal/home hygiene
 - recognition of and protection from potential harm to children,
 - attention to medical care,
 - age-appropriate parental attention and supervision,
 - attention to nutritional and clothing needs of children.

- f. Provide services face-to-face with clients and based upon established and recognized solution-focused methods. The Contractor shall empower the client to focus on resolving those problems that contribute to the family's difficulties in being self-sufficient.
- g. Verbally evaluate with the client or family the progress or lack of progress in meeting counseling objectives on a regular basis, monthly at a minimum.
- h. Assist in maintaining attendance of clients at sessions by providing follow-up on missed appointments. All missed appointments shall be followed within three working days by a letter or telephone call to clients informing them of the missed appointment and scheduling a follow-up appointment. The Contractor shall notify the referring FIA worker by telephone each time two consecutive appointments are missed.
- i. Submit to the FIA monthly written reports due within 30 days following each reporting period. The report shall include:
 - 1) Record of client contacts since last written report.
 - 2) Progress toward treatment goals and objectives.
 - 3) Treatment plan update.
 - 4) Recommendations.
- j. Based upon client declaration, and when available, bill the client's third party health insurance for reimbursable services identified and performed under this Agreement. Reimbursement received by the Contractor from third party carriers shall be utilized as follows:
 - 1) Other third party funding sources, e.g., insurance companies, may be billed in lieu of the FIA for contracted client services. Third party reimbursement shall be considered payment in full except that the client or the FIA may be required to pay a co-pay if required by the third party insurer. Reimbursements received within the period covered by this Agreement shall be credited to the FIA as an insurance adjustment, in the same month in which the payment is received, on the Contractor's Statement of Expenditures (FIA-3469). Credits shall be for the entire amount received, except that credits for services shall not exceed the rate(s) established for those service(s) under this Agreement.

- 2) Reimbursements received after the period covered by this Agreement shall be credited to any subsequent Agreement, (less any co-pay required by the third party insurer as specified in Item #1, above) between the Contractor and the FIA for the same or similar service.
- 3) Reimbursements received after the period covered by this Agreement, and in the absence of a renewal Agreement, shall be returned to the State of Michigan as an overpayment (identified by contract number) within 30 days of receipt and mailed to:

Family Independence Agency
Cashier Unit
PO Box 30037
Lansing, MI 48909

- 4) Clients may be charged based on a sliding fee scale if the FIA office has indicated on the referral form that use of a sliding fee scale is appropriate for the referral. Under no circumstances may a sliding fee scale be used for clients referred under the Child Abuse and Neglect program. If a sliding fee scale is utilized, the portion of the fee paid by the client shall be deducted from the FIA's fee.
- k. Submit a written termination summary report to the FIA no later than 30 days following termination of service. At a minimum the termination summary report must include:
- 1) Record of client contacts since last written report;
 - 2) Reason for closure;
 - 3) Outcomes relative to treatment plan goals and objectives;
 - 4) Recommendations.
- l. Failure to submit timely reports may, at FIA's option, result in sanctions.

2. Time Frames:

The Contractor shall have at least monthly contact with each client for a period of time determined by the FIA, in consultation with the Contractor. The duration of services shall not exceed six (6) consecutive months unless approved in writing by the referring worker's supervisor or designee.

3. Volume of Service:

No maximum number of units shall be established in this Agreement.